



IRA Asset Transfer Form

1. INSTRUCTIONS

- This form is used to transfer an existing IRA to your CornerCap Group of Funds IRA.
- If a new account is being opened, complete this IRA Asset Transfer Form and an Individual Retirement Account Application.
 - Include a statement from your existing IRA with this form.
 - If you are transferring a passbook/certificate type account or an insurance type IRA, you must submit the passbook, certificate or insurance policy with this form.
 - **The current custodian or trustee holding your IRA may require a "Signature Guarantee" or have other requirements. Please determine the requirements of your current custodian or trustee to avoid delays in processing your transfer.**
 - Mail this completed form (along with your Individual Retirement Account Application, if opening a new account) to:

CornerCap Group of Funds
P.O. Box 588
Portland, ME 04112

or Overnight Delivery to:

CornerCap Group of Funds
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

Contact us toll-free at: (888) 813-8637

2. YOUR CORNERCAP GROUP OF FUNDS IRA

Your Name	Your Account Number (unless new account)	Social Security Number	
Your Mailing Address			
City	State	Zip Code	E-mail
Birth Date	Telephone (day)		Telephone (evening)

Please select the fund(s) you wish the transfer proceeds to invest in:

- CornerCap Balanced Fund _____%
- CornerCap Large/Mid-Cap Value Fund _____%
- CornerCap Small-Cap Value Fund _____%

3. ACCOUNT BEING TRANSFERRED

Name of the Institution Currently Holding Your IRA (Shareholder Servicing Agent/Transfer Agent if mutual fund)			
Your Custodian's Mailing Address			
City	State	Zip Code	Customer Service Telephone Number
Account Number	Account Executive (if any)		

4. TRANSFER INSTRUCTIONS

- Mutual Fund Company Transfer**

Name of Fund _____	Select One: <input type="checkbox"/> Liquidate All Shares	Liquidate \$ _____
Name of Fund _____	Select One: <input type="checkbox"/> Liquidate All Shares	Liquidate \$ _____
- Securities Transfer**

Security Name _____	Select One: <input type="checkbox"/> Liquidate All Shares	Liquidate \$ _____
Security Name _____	Select One: <input type="checkbox"/> Liquidate All Shares	Liquidate \$ _____

Certificate of Deposit Transfer

- Transfer the proceeds of my CD, which matures on _____, upon maturity
Date (MM/DD/YYYY)
- Transfer the proceeds of my CD immediately

Note: If you are transferring a CD, and you wish to transfer your CD at maturity, please check the "Upon Maturity" box above and send this form at least two weeks prior to maturity. There may be a premature withdrawal penalty if you choose to liquidate a CD prior to maturity.

5. SIGNATURE AND AUTHORIZATION

I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Form, and acknowledge establishing an IRA in the CornerCap Group of Funds through my execution of a CornerCap Group of Funds IRA Application.

Please Note: The custodian or trustee holding your current IRA may require a "Signature Guarantee" prior to releasing your assets. To avoid processing delays, please check with your custodian to determine if a "Signature Guarantee" is required.

Your Signature

Date (MM/DD/YYYY)

Signature Guarantee (if required by your current custodian)

Fed Wire Asset Transfer: By checking this box, I authorize my IRA asset transfer(s) to be transferred via Fed Wire. I understand that my resigning trustee/custodian may charge a wire fee for this service.

DO NOT COMPLETE THE SECTION BELOW

INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN

Type of IRA: TRADITIONAL SEP-IRA ROTH QUALIFIED PLAN ROLLOVER BENEFICIARY IRA

Please forward a check made payable to the **CornerCap Group of Funds, FBO** _____

Please include the following reference number on the check _____

Please forward the check or draft and any accompanying documents to:

Regular Mail

CornerCap Group of Funds
P.O. Box 588
Portland, ME 04112

Overnight Delivery

CornerCap Group of Funds
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

Wire Delivery

UMB
Kansas City, MO
ABA 101000695
Account # 9871063003
CornerCap Group of Funds
(Fund Name)
(Fund Account Number)

Contact us toll-free at: (888) 813-8637

INSTRUCTIONS FROM ACCEPTING CUSTODIAN

The Custodian hereby accepts its appointment as IRA Custodian, agrees to accept the transfer described above and, upon receipt, will apply the proceeds to the CornerCap Group of Funds IRA established on behalf of the individual named herein.

Authorized Signature (On behalf of the CornerCap Group of Funds)

Date (MM/DD/YYYY)